

ORAL HEALTH

A State Plan for South Carolina 2004-2009



South Carolina Oral Health Advisory Council



State Oral Health Plan

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State Oral Health Plan

Executive Summary

South Carolina has made huge strides in improving oral health through fluoridation of community water systems, increased state Medicaid fee reimbursement rates for dentists, school-based dental prevention programs, and oral health promotional campaigns. However, oral disease remains pervasive in our state among families with lower incomes or less education, the frail elderly, those with disabilities, those who are under-insured, and minority groups. Preventable oral diseases account for a great deal of tooth loss and can act as a focus of infection that impacts outcomes of serious general health problems such as coronary heart disease, diabetes, pre-term low birth weight, and others.

This State Oral Health Plan will present the reader with an understanding of the burden of oral disease in South Carolina, the collaborative process utilized in developing a comprehensive plan for action, a vision statement with action plan, and methods to evaluate plan outcomes. The heart of the document is the plan for action, which includes five priorities with specific strategies and action steps for each priority. Also included in the plan for action are objectives from Healthy People 2010. This prevention agenda for the Nation presents national health objectives designed to identify the most significant preventable threats to health and then establishes national goals to reduce these threats. The Healthy People 2010 objectives will serve as additional benchmarks for success in evaluating the outcomes of the planned strategies and action steps.

Listed below are the five major priority areas and strategy statements for the plan for action, which was approved by the South Carolina Oral Health Advisory Council in December 2003:

Priority 1 – Policy & Advocacy

- Strategy 1: Establish a South Carolina Oral Health Advisory Council to serve as an advisory group to DHEC's Oral Health Division.
- Strategy 2: Expand the South Carolina Oral Health Coalition to address oral health issues over the lifespan.

Priority 2 – Prevention & Education

- Strategy 1: Increase public awareness of oral health benefits.
- Strategy 2: Increase knowledge of non-dental providers.
- Strategy 3: Assure access to optimally fluoridated water.
- Strategy 4: Establish statewide oral cancer education program.

Priority 3 – Dental Public Health Infrastructure

- Strategy 1: Obtain the resources for a sustainable Dental Public Health Program.
- Strategy 2: Participate in Association of State and Territorial Dental Directors Program Review.

- Strategy 3: Create a state oral health surveillance system.
- Strategy 4: Expand Dental Safety Net.
- Strategy 5: Expand and maintain state dental public health infrastructure in DHEC.

Priority 4 – Dental Workforce Development

- Strategy 1: Obtain outside technical assistance.
- Strategy 2: Expand system capacity.
- Strategy 3: Advocate for the creation of a licensure by credentials program to increase access to dental care for underserved populations.
- Strategy 4: Pursue provider incentive programs for underserved populations.

Priority 5 – Access to Oral Health

- Strategy 1: Expand and sustain community-based dental partnerships.
- Strategy 2: Expand and sustain school-based dental programs targeting services based on economic indicators.
- Strategy 3: Establish early childhood dental prevention programs.
- Strategy 4: Continue to improve state Medicaid and Children's Health Insurance Program including appropriate fee reimbursement rates, streamlining procedures, provider and client education, and improved primary care enhancement services.
- Strategy 5: Expand outreach efforts to enroll "potentially eligible" children into both Medicaid and Children's Health Insurance Program.
- Strategy 6: Expand the pilot community-based periodontal disease screening and treatment project to include pregnant women in an effort to reduce the risk of pre-term/low birth-weight babies.

The collaborative process used to develop the State Oral Health Plan will again be needed to successfully implement, monitor, evaluate and modify the plan for action. The South Carolina Oral Health Advisory Council will take a leadership role in this collaborative process by working with members of the South Carolina Oral Health Coalition and other key stakeholders to improve the oral health of all South Carolina citizens.

State Oral Health Plan

Burden of Oral Disease in South Carolina

The U.S. Surgeon General's Report: Oral Health in America, released in May of 2000, provided a wake-up call to America concerning the "silent epidemic of oral disease affecting our most vulnerable citizens." Currently in South Carolina we have a population of about 4 million with approximately 68% white, 30% non-white and 2% other (mostly Hispanics). The per capita income is approximately \$14,000 with nearly 50 percent of all children receiving free or reduced-cost school lunches. The major challenge for our state is to ensure oral health for families with lower incomes or less education, the frail elderly, those with disabilities, those who are under-insured, and minority groups.

In 1999, the dentist-to-population ratio in South Carolina was 195 dentists per 100,000 people. This is lower than the national average with our state ranking 45th nationally. Forty-one of the 46 counties are designated Dental Healthcare Professional Shortage Areas (D-HPSA). The dental health workforce in South Carolina also lacks diversity. Although non-whites represent 30% of the total population, only 10% of dentists and 5% of dental hygienists in the state are non-white.

Access and utilization of dental health services remain problematic for many families in South Carolina. Insurance does not guarantee access to needed preventive and primary care services. In 1999, 83.5 percent of Medicaid eligible children received at least one primary care service and less than a quarter received at least one dental service. In 2003, 38.3% of the Medicaid eligible children received any dental services, 12.1% received a preventative dental service, and only 15.2% of the 7-9 year olds receive a dental sealant on one of their permanent molar. The Oral Health Disease Prevention in School-Aged Children Project reported that in selected elementary schools, 19 percent of students screened were referred with oral health problems, but only 3 percent of all students reportedly completed care. The Preschool Health Appraisal Project data for 1997 also revealed that only 13 percent of pre-school aged children received any preventive dental service.

The oral health status data for adults and older adults is lacking in our state but according to the Surgeon General's Report "Those with incomes at or above the poverty level are twice as likely to report a dental visit in the past 12 months as those who are below the poverty level."

In recognition of the growing need for oral health improvements in South Carolina, the Department of Health and Environmental Control provided leadership to key statewide stakeholders in building a comprehensive dental public health infrastructure for our state. One major gap in developing this infrastructure was the total lack of a system to

collect oral health surveillance information. In this regard, a major concern was the lack of current data regarding the disease burden rates in school-aged children.

The last school-based survey of this population was conducted in 1982-83. The results were published in 1983 and the survey found about 74% of the children aged 5-17 years had experienced caries (97% of 17 year old children). Fifty-four percent of white children needed dental treatment while seventy-nine percent of the non-white children required dental treatment.

The issue of the disease burden rates for school-aged children was again addressed in 2001-02 with a statewide Oral Health Needs Assessment. To standardize this assessment, the Seven-Step Model of the Association of State and Territorial Dental Directors was used and an advisory committee was established to finalize the design of the actual survey process. The following objectives were agreed upon for the needs assessment process:

1. Determine prevalence of dental caries in school-aged children (Kindergarten and Third graders) in the state of South Carolina.
2. Obtain baseline data for establishing ongoing surveillance of dental health in South Carolina's children.
3. Provide data necessary to establish and focus prevention programs, policies, and resources.

The needs assessment survey findings revealed that 51.6% of the sampled children had caries; 32.2% suffered from untreated decay; only 20.3% of the third grade children had at least one permanent with a dental sealant; and 11.4% required immediate dental care. Further analyses of the findings showed that children who are non-white, participate in free and reduced program (Low SES), and/or live in a rural county, suffer disproportionately from oral disease as compared to white, high SES, and urban children. Consistent with national data, dental caries is still the most common chronic disease for South Carolina's children.

The survey did not record disease experience for children with special health care needs. Anecdotal information on the lack of qualified providers for this population indicates a more severe oral health access problem exists for special needs patients.

The completed needs assessment survey findings can be found in the appendices.

State Oral Health Plan

Developing the Plan

Recognizing the critical need to address the growing epidemic of dental disease, a subcommittee of the National Governors Association, with the Center for Best Practices sponsored a series of Policy Academy for State Officials addressing the issue of improving oral health care for children. A South Carolina team participated in the first Oral Health Policy Academy held in Charleston in December 2000 and began work on a state oral health plan that identified broad priority areas for action. These included policy and advocacy, prevention and education, dental public health infrastructure development, dental workforce enhancement, and access to oral health services. Following the Academy, State Oral Health Summits were held in Columbia during April and November 2001 to give key stakeholders in the state the opportunity to further define potential strategies and action steps for the evolving plan.

In 2002, efforts to establish an oversight committee in accordance with the first priority of the developing plan for action were not successful. However, in April 2003 a twenty member South Carolina Oral Health Advisory Council was established with the purpose of providing overarching guidance and support in:

- Providing advice and guidance on the implementation and evaluation of the State Oral Health Plan;
- Serving as advocates for critical oral health issues in the state; and
- Working to promote greater collaboration of effort in addressing oral health issues in South Carolina.

This Council began with a complete review of the draft version of the plan. Since this document at this time only addressed children, needed revisions were made to the vision statement and priorities, strategies and action steps in the plan for action to reflect a lifespan approach to oral health. In December 2003, members of the Council approved a vision statement and plan for action to be included in the final State Oral Health Plan. Further minor revisions to strategies and action steps were made in the March 2004 meeting. During the process of reviewing the plan for action, Council members identified critical policy issues to be included in an Oral Health Policy Agenda. This Agenda will provide guidance for Council members as they advocate for needed oral health policy changes in South Carolina.

In November 2003 the South Carolina Oral Health Coalition was established in accordance with priority one of the plan for action. The purpose of this group was to develop oral health promotion and disease prevention activities at the state and community levels. The planned activities would be defined in a plan for action, address lifespan oral health problems and issues, and be consistent with the State Oral Health Plan. Coalition work groups that represent children, adolescents, adults and older adults

are currently completing work plans that will become the Coalition's Action Plan. This Action Plan will help our state achieve many of the strategies and action steps as set forth in the State Oral Health Plan.

State Oral Health Plan

Vision

We envision a South Carolina where every person enjoys optimal oral health as part of total well-being and:

- Prevention and education are priorities;**
- Treatment is available, accessible, affordable, timely, and culturally competent;**
- Responsibility is shared among patients, parents, providers, employers and insurers; and**
- Collaboration by government, higher education, and the private sector ensures resources, quality, and patient protection.**

State Oral Health Plan

Plan for Action

1. Priority One - Policy and Advocacy

Background - It was emphasized repeatedly during the National Governor's Association Policy Academy in 2000 and two state oral health summits held in 2001 that the most critical aspect of the state's response to the silent epidemic of dental disease is to assemble a group of high profile stakeholders to guide the process of increasing recognition of oral health issues among policy makers and the public. As former US Surgeon General stated in his 2000 Report on Oral Health in America, we should "change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health."

1.1 Strategy: Establish a South Carolina Oral Health Advisory Council to serve as an advisory group to South Carolina Department of Health and Environmental Control's (DHEC) Oral Health Division.

Action Steps

- 1.1.1 Conduct first meeting of the Council in April 2003.
- 1.1.2 Conduct semiannual meetings of the Council.
- 1.1.3 Provide annual progress report with recommendations to the Council.

1.2 Strategy: Expand the South Carolina Oral Health Coalition to address oral health issues over the lifespan.

Action Steps

- 1.2.1 Secure approval of the South Carolina Healthy Schools Children's Oral Health Coalition to become a work group of the South Carolina Oral Health Coalition.
- 1.2.2 Secure grant funding for expansion of the Coalition through DHEC's Oral Health Division.
- 1.2.3 Establish the membership and work groups for the Coalition.
- 1.2.4 Secure non-profit support for Coalition activities.
- 1.2.5 Encourage the establishment of local oral health coalitions.

2. Priority Two - Prevention and Education

Background - Education of the public, policy makers, and providers are essential elements of the former US Surgeon General's "Framework for Action" in addressing oral health needs. Especially critical is the integration of oral health into the general health

care system and recognition of oral health as part of primary health care and an emphasis on primary prevention.

2.1 Strategy: Increase public awareness of oral health benefits.

Healthy People 2010, Objective 7-11: Increase culturally appropriate and linguistically competent community health promotion and disease prevention programs.

Action Steps

- 2.1.1 Promote the recognition of oral disease as a health disparity.
- 2.1.2 Create a social marketing plan and implement a public awareness/education campaign on oral health.
- 2.1.3 Disseminate the campaign materials on oral health to the media.
- 2.1.4 Review, update and implement the oral health education curriculum through the South Carolina Department of Education.
- 2.1.5 Collaborate with outreach programs such as Family Support Services (FSS), Women, Infant & Children's Services (WIC), etc to enhance other educational efforts.

2.2 Strategy: Increase the knowledge of non-dental providers.

Healthy People 2010, Objective 7-11: Increase culturally appropriate and linguistically competent community health promotion and disease prevention programs.

Action Steps

- 2.2.1 Partner with Area Health Education Consortium (AHEC), University of South Carolina (USC) and Medical University of South Carolina (MUSC) to develop oral health training modules for physicians and nurse practitioners.
- 2.2.2 Involve DHEC Commissioner's Pediatric Advisory Committee and Obstetric Task Force in outreach to medical community to increase knowledge of oral health assessments and prevention.
- 2.2.3 Continue school nurse oral health assessment education.
- 2.2.4 Incorporate oral health training in all DHEC provider education programs.

2.3 Strategy: Assure access to optimally fluoridated water.

Healthy People 2010, Objective 21- 9: Increase persons on public water receiving optimally fluoridated water.

Action Steps

- 2.3.1 Develop amendment to DHEC's policy for monitoring of fluoride levels in drinking water by requiring daily monitoring of systems with monthly reporting and participation in the Centers for Disease Control and Prevention's Water Fluoridation Reporting System (WFRS).
- 2.3.2 Advocate for public access to fluoridation monitoring results.
- 2.3.3 Partner with DHEC's Bureau of Water and National Association for Public Health Statistics and Information Systems (NAPHSIS) to provide Geographic

Information Systems (GIS) mapping of community water fluoridation levels for publication in print and electronic format.

- 2.3.4 Secure resources to support modernization and repair of local community water fluoridation equipment through a mini-grant process.

2.4 Strategy: Establish a statewide oral cancer education program.

(Healthy People 2010, Objective 21-7: Increase number of oral cancer examinations).

Action Steps

- 2.4.1 Actively participate in Oral Health America's National Spit Tobacco Education Program.
- 2.4.2 Expand partnerships with South Carolina Department of Alcohol and Other Drug Abuse Services, American Cancer Society, South Carolina Tobacco Collaborative, Local Tobacco Coalitions, and DHEC's Tobacco Prevention Program.
- 2.4.3 Include tobacco education in school health programs.
- 2.4.4 Emphasize importance of early detection to public and providers.
- 2.4.5 Advocate for spit tobacco to be integrated into smoke tobacco policies to form a more comprehensive anti-tobacco message.

3. Priority Three - Dental Public Health Infrastructure Development

Background - The Surgeon General's report: *Oral Health in America*, released in the spring of 2000, recommends the building of an effective health infrastructure to meet the oral health needs of all Americans and to integrate oral health effectively into overall health. Cutbacks in state budgets have reduced staffing of state dental programs and curtailed oral health promotion and disease prevention efforts. An enhanced public health infrastructure will facilitate the development of strengthened partnerships with private practitioners, other public programs, and voluntary groups.

3.1 Strategy: Obtain the resources for a sustainable state Dental Public Health Program.

Action Steps

- 3.1.1 Pursue funds through the South Carolina Tobacco Settlement and/or other state resources.
- 3.1.2 Pursue grant funds through federal funding sources such as Centers for Disease Control (CDC) and Health Resources and Services Administration (HRSA).
- 3.1.3 Pursue grant funds through private funding sources such as the Robert Wood Johnson Foundation (RWJF).

3.2 Strategy: Participate in the Association of State and Territorial Dental Directors (ASTDD) Program Review.

Action Steps

3.2.1 Review and implement recommendations.

3.2.2 Repeat program review every 5 years.

3.3 Strategy: Create a state oral health surveillance system.

Healthy People 2010, Objective 21-16: Increase number of state-based surveillance systems.

Action Steps

3.3.1 Conduct a statewide oral health assessment.

3.3.2 Collaborate with South Carolina Budget & Control Board's Office of Research and Statistics (ORS) to link data sources.

3.3.3 Publish initial and biannual surveillance reports in electronic copy.

3.3.4 Publish surveillance reports in hard copy every 5 years.

3.3.5 DHEC will conduct statewide oral health assessment every 10 years consistent with Healthy People 2010 cycle.

3.4 Strategy: Expand Dental Safety Net.

Healthy People 2010, Objective 21-14: Increase the number of community health centers and local health departments with oral health component.

Action Steps

3.4.1 Expand the number of community health centers with a dental component.

3.4.2 Expand school-based dental prevention programs statewide.

3.4.3 Increase the number of local health departments with an oral health component.

3.5 Strategy: Expand and maintain state dental public health infrastructure in DHEC.

Action Steps

3.5.1 Establish an oral health coordinator position in each DHEC health district.

3.5.2 Secure sustainable funding for these established oral health coordinator positions.

4. Priority Four - Dental Workforce Development

Background - The Surgeon General's report: *Oral Health in America* states that a closer look at trends in the workforce discloses a worrisome shortfall in the numbers of men and women choosing careers in oral health. Government and private sector leaders are becoming aware of the problem and are discussing ways to increase and diversify the talent pool, including easing the financial burden of professional education, but additional incentives may be necessary.

4.1 Strategy: Obtain Outside Technical Assistance.

Action Steps

- 4.1.1 Convene work group to develop an action plan based on the HRSA report addressing dental workforce.
- 4.1.2 Address the number and distribution of providers.
- 4.1.3 Review and implement the recommendations of the work group in 4.1.1 and develop a dental workforce action plan.

4.2 Strategy: Expand system capacity.

Healthy People 2010, Objective 21-14: Increase number of community health centers and local health departments with oral health component.

Action Steps

- 4.2.1 Expand community health centers providing dental care.
- 4.2.2 Increase public-private partnerships through Medicaid and provider recruitment.
- 4.2.3 Integrate oral health component to local health department operation plans.

4.3 Strategy: Advocate for the creation of a licensure by credentials program to increase access to dental care for underserved populations.

Action Steps

- 4.3.1 DHEC, South Carolina Dental Association (SCDA), South Carolina Dental Hygienists Association (SCDHA) and South Carolina Department of Labor, Licensing and Regulation's (LLR) Board of Dentistry review the current volunteer dental license qualifications and establish a criterion for an expanded licensure by credential program within 2 years.
- 4.3.2 South Carolina Oral Health Advisory Council supports legislative action by LLR for licensure by credential program.

4.4 Strategy: Pursue provider incentive programs for underserved populations.

Action Steps

- 4.4.1 DHEC, South Carolina Primary Health Care Association (SCPHCA), State Office of Rural Health (ORH), SCDA, SCDHA and MUSC collaborate to establish criteria and structure for provider incentive programs.
- 4.4.2 Stakeholders support request for funding of the programs.
- 4.4.3 Implement the programs.
- 4.4.4 Evaluate the impact of the programs.

5. Priority Five - Access to Oral Health Services

Background - The Surgeon General's report: *Oral Health in America* presents data on access, utilization, financing, and reimbursement of oral health care. The data indicate that lack of dental insurance, private or public, is one of several impediments to obtaining oral health care and accounts in part for the generally poorer oral health of those who live at or near the poverty line. In addition, individuals whose health is

physically, mentally, and emotionally compromised need comprehensive integrated care. The Report calls for the use of public-private partnerships to improve the oral health of those who still suffer disproportionately from oral diseases.

5.1 Strategy: Expand and sustain community-based dental partnerships.

Healthy People 2010, Objective 21-2: Reduce untreated dental decay in children and adults.

Healthy People 2010, Objective 21-8: Increase sealants in 8 yr old children with first molars and in 14 yr old children with first and second molars.

Action Steps

5.1.1 Conduct community forums in priority areas to educate stakeholders and initiate planning for oral health improvements.

5.1.2 Support efforts of local communities to implement their plans for improvement.

5.2 Strategy: Expand and sustain school-based dental programs targeting services based on economic indicators.

Healthy People Objective 21-12: Increase preventive dental services for poor children.

Action Steps

5.2.1 Compile list of existing programs.

5.2.2 Distribute state public health guidelines for school-based programs.

5.2.3 Secure South Carolina Department of Education support for programs.

5.2.4 Establish and expand community-based school dental prevention programs.

5.2.5 Advocate for expansion of the state's Children's Health Insurance Program (CHIP) coverage to 200% of federal poverty level.

5.2.6 Establish and expand statewide partnerships providing dental sealants to targeted children.

5.3 Strategy: Establish early childhood dental prevention program.

Healthy People 2010, Objective 21-1: Reduce caries experience in children.

Action Steps

5.3.1 Expand Aiken County First Steps' "First Smiles" and RWJF "More Smiling Faces" oral health programs for children.

5.3.2 Train and certify physician office staff on oral health assessment, education, and fluoride varnish application for children ages 0-3.

5.3.3 Partner with payers (private and public) and private physicians to implement program.

5.3.4 Establish state guidelines for child care and Head Start oral health programs based on existing standards of Head Start.

5.3.5 Advocate for Medicaid reimbursement to physicians for dental services.

5.4 Strategy: Continue to improve state Medicaid and Children's Health Insurance Program (CHIP) including appropriate fee reimbursement rates,

streamlining procedures, provider and client education, and improved primary care enhancement services.

Action Steps

- 5.4.1 Pilot a case management system that links the medical home with the dental provider.

- 5.5 Strategy: Expand outreach efforts to enroll “potentially eligible” children into both Medicaid and CHIP.**

Healthy People 2010, Objective 21-12: Increase preventive dental services for poor children.

Action Steps

- 5.5.1 Utilize patient navigator under RWJF “More Smiling Faces” to enroll eligible children in Medicaid and CHIP.

- 5.6 Strategy: Expand the pilot community-based periodontal disease screening and treatment project to include pregnant women in an effort to reduce the risk of pre-term/low birth-weight babies.**

Healthy People 2010, Objective 21- 5b: Reduce periodontal disease among adults.

Action Steps

- 5.6.1 Assess evaluation of the Periodontal Screening and Treatment for Childbearing Women project at Palmetto Health Richland in Columbia.

This Plan was approved and adopted by the South Carolina Oral Health Advisory Council on the 12th day of December 2003 with revised strategies and action steps approved and adopted by the Council on the 12th day of March 2004.

State Oral Health Plan

Evaluating the Plan

In July 2004, Dr. David P. Cecil with the University of South Carolina's School of Social Work, developed a preliminary evaluation framework for the Division of Oral Health in DHEC. This initial framework was intended to measure the overall progress of oral health improvement in South Carolina and present useful planning data and information for the Division of Oral Health, South Carolina Oral Health Advisory Council, and South Carolina Oral Health Coalition. This document represented the first effort to combine the priorities, strategies and action steps of the State Oral Health Plan with the goals, objectives, activities, and responsibilities of the Division into one overarching framework.

Included with the framework are logic models. The logic model format is based on the United Way model of outcome measurement (United Way of America, Measuring Program Outcomes: A Practical Approach, 1997). The models include measurement of outputs, implementation and outcomes. The logic models directly address the State Oral Health Plan and programmatic areas within the Division currently funded through grants from the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and Robert Wood Johnson Foundation (RWJF). Changes can be made to these logic models as the need arises. In general, the activities within the CDC, HRSA, and RWJF projects directly inform many of the priorities, strategies and action steps within the State Oral Health Plan, but each area is also viewed holistically. Since each project area has its own reporting requirements, the framework is designed so specific data can be extracted to satisfy different funding entities. For this reason, the framework is comprised of a series of logic models. The combination logic model demonstrates how each project area and the State Oral Health Plan come together to formulate a comprehensive approach. Each of the remaining logic models goes into significantly more detail as to how outcomes are measured for each activity.

Organizational change research suggests that changes, such as new evaluation frameworks, take 3 to 5 years for complete implementation (Brager & Holloway, 1992; United Way of America, 1997). This is especially true when organizations experience turnover. In August 2004, Dr. Cecil accepted a teaching position in Tennessee and the Division is currently looking for an evaluator to finalize his draft framework and logic models; guide efforts to identify, modify, and create data collection documents; determine how data is to be organized; and collaborate with the Council and Coalition on evaluation findings for future planning efforts. Since this evaluation effort will be dependent upon data collection, the evaluator will work in close coordination with the Division's Surveillance Coordinator.

State Oral Health Plan

Appendices

- **Surgeon General's Report: Oral Health in America**
- **South Carolina Oral Health Needs Assessment 2002**
- **South Carolina Oral Health Advisory Council Membership**
- **South Carolina Oral Health Coalition Membership**



SOUTH CAROLINA ORAL HEALTH ADVISORY COUNCIL

Membership

	Member	Organization
1	Ms. Susan Bowling	SC Dept. of Health & Human Services
2	Mr. Doug Bryant	The Bryant Company, Inc.
3	Dr. Larry Chewning - Chair	Dental Private Practice
4	Ms. Debbie Day	SC Dental Hygienist Association
5	Dr. Edwards James	MUSC (President Retired)
6	Ms. Connie Ginsberg - Vice Chair	Family Connections of SC, Inc.
7	Dr. Charles Hook	MUSC College of Dental Medicine
8	Mr. Calvin Jackson	SC Dept. of Education
9	Rev. Brenda Kneece	SC Christian Action Council
10	Dr. Rocky Napier	Dental Private Practice
11	Dr. Douglas Rawls	Dental Private Practice
12	Dr. Harold Rhodes	Dental Private Practice
13	Dr. John Simkovich	SCDHEC - Oral Health Division/Trident Health District
14	Ms. Nancy Spencer	Delta Dental
15	Mr. Ken Trogdon	Commun-I-Care
16	Dr. John Uhl	Dentist @ SC Dept. of Juvenile Justice
17	Dr. Lisa Waddell	SCDHEC - Health Services
18	Dr. Rob Walker	Medical Private Practice
19	Ms. Lathram Woodward	SC Primary Health Care Association
20	Mr. Hal Zorn	SC Dental Association

Support Staff - Walter Waddell & Richard Demarest - SCDHEC - Oral Health Division



SOUTH CAROLINA ORAL HEALTH COALITION

Membership

	Member	Organization
1	Mr. Phil Latham	SC Dental Association
2	Ms. Clare VanSant	SC Dental Hygiene Association
3	Ms. Karren Gordon	SC Dept. of Education
4	Ms. Kelly Graham	Voices for South Carolina's Children
5	Dr. Susan Reed	MUSC - College of Dental Medicine
6	Ms. Shirley Carrington	SC Dept. of Health and Human Services - Dental Services
7	Ms. Cassie Barber	SC School Improvement Council
8	Mr. Joel Urdang	SC Dept. of Alcohol and Other Drug Abuse Services
9	Mr. Wilbert Lewis	SC Dept. of Social Services
10	Dr. Mary Tepper	SC Dept. of Disabilities and Special Needs - Pee Dee Regional Center
11	Dr. Charles Brooks	SC Dept. of Disabilities and Special Needs - Midlands Regional Center
12	Ms. Sandra Hackley	Child Care Resource & Referral Interfaith Community Services
13	Ms. Ree Malison	SC Safe Kids
14	Ms. Marie Meglen	Palmetto Healthy Start
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16	Dr. Charlie Millwood, Jr.	Dental Private Practice
17	Ms. Pamela Roshell	American Association of Retired Persons - SC
18	Ms. Karen Waldrop	March of Dimes - SC Chapter

	Member	Organization
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20	Ms. Marga McKee	SC Primary Care Association
21	Ms. Michele James	Palmetto Project - Heart and Soul
22	Ms. Tiffany Sullivan	Palmetto Health
23	Dr. Gordon Stine	SC Area Health Education Consortium
24	Mr. Joe Hopkins	Delta Dental
25	Dr. Terry Day	MUSC - Dept. of Otolaryngology
26	Ms. Patricia Sullivan	The Dentist Place
27	Ms. Ava Brumfield	Representative Joe Neal
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29	Ms. Kim Merchant	School District of Newberry County
30	Dr. Robert Hill	SC State University
31	Dr. Esther Forti	MUSC - SC Geriatric Education Center
32	Mr. Robert Taylor	Dentistry for the Handicapped
33	Ms. Regina Creech	American Cancer Society - Charleston Chapter
34	Ms. Roselyn Farrell	SC Office of Rural Health
35	Ms. Tammy Cooley	Healthy Smiles of Spartanburg
36	Ms. Monica Harris	Bell Family Dentistry
37	Mr. Dean Slade	ECCHC, Inc
38	Vacant	Commun-I-Care
39	Vacant	SC Communities in Schools
40	Vacant	Boys and Girls Club of the Midlands
41	Ms. Doreen Brewer	SCDHEC - Appalachia I Health District
42	Ms. Mercedes Zubrieta	SCDHEC - Appalachia II Health District
43	Ms. Debra Genobles	SCDHEC - Appalachia III Health District
44	Ms. Trisha Collins	SCDHEC - Pee Dee Health District
46	Ms. Barbara Grube	SCDHEC - Trident Health District
47	Mr. Bradley Smith	SCDHEC - Low Country Health District
48	Ms. Christine Veschusio	SCDHEC - Oral Health
49	Dr. Yalmaz Ali	SCDHEC - Oral Health
50	Ms. Roselyn Wilson	SCDHEC - Oral Health
51	Mr. Kevin Smith	SCDHEC - Children with Special Health Care Needs

	Member	Organization
52	Ms. Sarah Cooper	SCDHEC - Women & Children's Services
53	Ms. Angie Olawsky	SCDHEC - Women & Children's Services
54	Ms. Diean Rovenstine	SCDHEC - Women, Infants & Children (WIC)
55	Ms. Luanne Miles	SCDHEC - Perinatal Systems
56	Mr. Mark Jordon	SCDHEC - Primary Care
57	Ms. Sharon Biggers	SCDHEC - SC Tobacco Control Program
58	Mr. Robert Carlton	SCDHEC - Social Work, Adolescent Health & Youth Development
59	Ms. Sandra Jeter	SCDHEC - SC Healthy Schools
60	Mr. Lakshman Abeyagunawardena	SCDHEC - SC Childhood Lead Poisoning Prevention Program
61	Ms. Phyllis Allen	SCDHEC - Nutrition
62	Mr. Ted Hewitt	SCDHEC - Public Information
63	Ms. Jeannine Smalls	SCDHEC - Minority Health & AME Representative
64	Ms. Gardenia Ruff	SCDHEC - Minority Health
65	Ms. Lathram Woodward - Chair	SC Oral Health Advisory Council
66	Ms. Debbie Day - Vice Chair	SC Oral Health Advisory Council
67	Dr. John Simkovich	SC Oral Health Advisory Council
68	Dr. Lisa Waddell	SC Oral Health Advisory Council
69	Ms. Nancy Spencer	SC Oral Health Advisory Council
70	Dr. Rocky Napier	SC Oral Health Advisory Council

Support Staff - Walter Waddell & Richard Demarest - SCDHEC - Oral Health Division